STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002999	A. BUILDING: _____ B. WING _____	C 10/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT WINDERMERE	9745 OLYMPIA DR FISHERS, IN 46038

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00155350. Complaint IN00155350 - Substantiated. No State findings related to the allegations are cited. Survey Date: October 1, 2014 Facility number: 002999 Provider number: NA AIM number: NA Survey Team: Mary Jane G. Fischer RN TC Census bed type: Residential: 105 Total: 105 Census payor type: Other: 105 Total: 105 Sample: 3 Hearth At Windermere was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00155350. Quality Review 10/01/14 by Lisa McColly	R 000		